

## **Home and Well Survey**

Resident's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Owner Information (If Different): \_\_\_\_\_

\_\_\_\_\_

Number of Household Residents/Age Groups:

Infants (Under Age 1) \_\_\_\_\_ Toddlers (Age 1-6) \_\_\_\_\_

Children (Age 7-12) \_\_\_\_\_ Adolescents (Age 13-18) \_\_\_\_\_

Adults (Age 18-65) \_\_\_\_\_ Seniors (Age 66+) \_\_\_\_\_

Do you have a water treatment system? If so, please identify the components of the system (if any): \_\_\_\_\_

\_\_\_\_\_

Well Information:

Type: Dug ☐ Drilled ☐ Well Depth: \_\_\_\_\_ Well Age: \_\_\_\_\_

Driller log of the well installation (these are the detailed notes that the driller takes during the installation): \_\_\_\_\_

Name of Driller/Service Company (If Known): \_\_\_\_\_

\_\_\_\_\_

Total depth of well: \_\_\_\_\_

Depth of surface casing: \_\_\_\_\_ Cement on Surface casing: Yes ☐ No ☐

Length/Depth of Screen (the screened interval of the well): \_\_\_\_\_

Depth of pump in relation to total depth of the well: \_\_\_\_\_

Well Repairs or Re-drilling in past 15 years: \_\_\_\_\_

Have you had your well water tested for contamination in the past? \_\_\_\_\_

If so, and you would be willing to share your results with the EPA, what contaminants have been found in your well historically? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Home and Well Survey

Recent or past changes in water quality (taste, odor, appearance): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently use your well water for drinking? Yes ☐ No ☐

Cooking? Yes ☐ No ☐

Bathing? Yes ☐ No ☐

Other household uses? \_\_\_\_\_

If you do not use your well water, what water source do you use? \_\_\_\_\_

Have you been provided an alternate source of water for drinking/cooking? Yes ☐ No ☐

Other uses? Yes ☐ No ☐

When did this occur? \_\_\_\_\_

If so, who provides/provided the alternate water? \_\_\_\_\_

Is there an agreement with the provider? \_\_\_\_\_

What event/condition prompted the use of alternate water? \_\_\_\_\_

When did this occur? \_\_\_\_\_

\_\_\_\_\_

Lease with gas company: Yes ☐ No ☐

If so, what is the status of lease: \_\_\_\_\_

Is there any additional information you would like to provide to us: \_\_\_\_\_

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